

## **MEMO**

To: Mental Health & Disability Commission

From: Bob Lincoln

Date: March 15, 2013(Revised by JJ: March 18, 2013)

Re: Agenda Items for March 21, 2013 Commission Meeting

County Social Services requests the following review and action by the MHD Commission:

### **Agenda Item 1**

Review and action whether to allow MHD management plan coverage for the following counties; Kossuth, Winnebago, Worth, Howard, Winneshiek, Allamakee, Clayton, Humboldt, Pocahontas, Webster, Hancock, Grundy, Tama, Chickasaw, and Fayette, under the last approved County Social Services Mental Health and Disability Management Plan.

### **Supporting Information:**

1. Each requesting county has completed the required public hearing.
2. Each requesting county has submitted a comparison between their current plan and County Social Services MHD Plan to the Department of Human Services.
3. The Department of Human Services supports the action as being a friendly amendment since it does not impose more restrictive coverage.
4. All member counties have entered into an agreement to pool funds to ensure equitable access across the region.

### **Agenda Item 2**

Review and action whether to allow the MHD management plan language amendments (see Attachment A) to add crisis stabilization as a covered service and in response to the Commission's request that County Social Services remove specific reference to the LOCUS assessment tool for individuals with brain injury and clarify the use of a Mental Health Professional in the determination of level of care.

### **Supporting Information:**

County Social Services hopes to use the level of care and peer review process to move into a system of care reimbursement model. County Social Services believes this is consistent with Accountable Care Organizations (ACO) as envisioned by federal health care reform. Standardized assessments empower the individual and their support team with objective information to build a support plan. It does not rely on endless phone reviews, site reviews, and record reviews to see if individuals "really need" the help.

Medical necessity is inherently a subjective determination made by licensed clinicians who are risk adverse in their medical practice and economically motivated in their managed care practice. Standardized assessments bring evidence based data to the local support team to empower the individual to build a support plan that works for them.

A system of care puts greater emphasis on outcomes for individuals. It reduces cost by eliminating the administrative cost for prior authorizations and utilization reviews. It redirects case management investment into quality assurance and away from compliance and control.

County Social Services hopes the Commission will support this management plan as a comparative alternative to the many for-profit managed care contracts under Iowa Medicaid Enterprise. County Social Services has had no appeals related to level of care. County Social Services will provide a comprehensive review of the entire Resource Management (Attachment A) process to help the Commission understand why County Social Services thinks that by using peer review, standardized assessments and level of care we can do the best job of supporting individuals with disabilities and managing taxpayer's resources.